

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90126 034 \*\*\*150.00

DOCUMENT # P04000001986

1. Entity Name  
N Y NGUYEN LOI, INC.



Principal Place of Business  
1124 TYLER LAKE CIRCLE  
ORLANDO, FL 32839

Mailing Address  
1124 TYLER LAKE CIRCLE  
ORLANDO, FL 32839

2. Principal Place of Business  
4870 BLUE MAJOR DR  
Suite, Apt. #, etc.

3. Mailing Address  
4870 BLUE MAJOR DR  
Suite, Apt. #, etc.



03132006 Chg-P CR2E034 (11/05)

City & State  
WINDERMERE FL  
Zip 34786-6493 Country USA

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WINDERMERE FL  
Zip 34786-6493 Country USA

4. FEI Number  
90-0151500  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NGUYEN, LOI  
1124 TYLER LAKE CIRCLE  
ORLANDO, FL 32839

7. Name and Address of New Registered Agent

Name  
LOI NGUYEN  
Street Address (P.O. Box Number is Not Acceptable)  
4870 BLUE MAJOR DRIVE  
City  
WINDERMERE FL Zip Code 34786-6493

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

X 3-25-06  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME DPST  
STREET ADDRESS NGUYEN, LOI  
CITY-ST-ZIP 1124 TYLER LAKE CIRCLE  
ORLANDO, FL 32839 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME DPST  
STREET ADDRESS LOI NGUYEN  
CITY-ST-ZIP 4870 BLUE MAJOR DRIVE  
WINDERMERE FL 34786-6493 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3-25-06

Date Daytime Phone #